

2017 Dental Insurance
UPDATED – FEBRUARY 14, 2017

	DENTAL ASSOCIATES		HUMANA DENTAL			
DEDUCTIBLE						
Single	\$0		\$50			
Family	\$0		\$150 aggregate			
ANNUAL MAXIMUM						
Per Person Per Year	\$2,500		\$2,500			
PREVENTATIVE SERVICES						
Bite Wing X-Rays Cleanings Oral Exams Topical Fluoride	100%		100%			
BASIC SERVICES						
All other X-Rays Extractions Fillings Oral Surgery Periodontics <i>(exam and Maintenance covered under Preventative)</i> Stainless Steel Crowns Sealants Space Maintainers	100%		After deductible, covered expense is payable at 80%			
MAJOR SERVICES						
Endodontics	100%		After deductible, covered expense is payable at 50%			
Full & Partial Denture Repair	100%					
Implants	Only re-cements covered					
Inlays/Onlays	100%					
Partial or Complete Dentures	100%					
Porcelain Crowns	100%					
Removable or Fixed Bridgework	100%					
PROSTHODONTIC SERVICES						
	100%		After deductible, covered expense is payable at 50%			
ORTHODONTICS						
Per Course of Treatment	50% to \$2,500 a separate Ortho Lifetime Max		After deductible, covered expense payable at 50%			
PREMIUM RATES						
	DENTAL ASSOCIATES			HUMANA DENTAL		
	Monthly Premium	EE Bi-Weekly	City Bi-Weekly	Monthly Premium	EE Bi-Weekly	City Bi-Weekly
Single	\$32.67	\$2.04	\$14.29	\$39.44	\$ 2.46	\$17.26
Family	\$99.25	\$6.20	\$43.42	\$119.85	\$ 7.49	\$52.44

Replaces Page 1 of the 2017 City of Green Bay Benefits Enrollment Booklet. This is a summary and all benefits are subject to the limitations and exclusions set forth in the Summary Plan Description (SPD). The SPD is located at www.greenbaywi.gov.

